

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/868447

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 2 | | | | |
| 4 | | 0 | | | | |
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| TOTAL DEP. | 9 | | 8 | | | |
| TOTAL CLAIMS | 10 | | 9 | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |